

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	/						
5	:						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	2						
13	1						
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50							
TOTAL IND.	3		↓		↓		↓
TOTAL DEP.	2	↑	←	↑	←	↑	←
TOTAL CLAIMS	32						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↑	←	↑	←	↑
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS